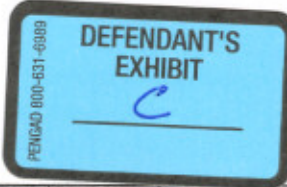


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Kevin Butler
Federal Defenders
407 RSA Tower
201 Monroe Street
Montgomery, AL 36104

Re: Michael D. Harvey
Case No. 1:06CR107-MHT
DOB: 12/20/86

FORENSIC PSYCHOLOGICAL EVALUATION

Reason for Referral

Michael D. Harvey was referred for evaluation by his attorney, Kevin Butler, with the Federal Defenders, Middle District of Alabama. Mr. Harvey has been charged with three counts of sexual conduct with a minor.

Methods of Assessment

The evaluation consisted of clinical forensic interview on 5/24/06 at the Montgomery City Jail for approximately 2.5 hours. The Peabody Picture Vocabulary Test-Third Edition (PPVT-III) was also administered.

Collateral records were reviewed which included: Indictment and Criminal Complaint, including Affidavit by Steven Zeringue dated 3/16/06; treatment records from Ridgewood Clinics from 1999 to 2001; treatment records from Region 8 Mental Health Center for 2001; and Evaluation Report dated 6/29/00.

Relevant History

There is no significant medical history, except for one head injury resulting in stitches. Mr. Harvey did not think he lost consciousness. He also indicated that, when he was quite young, he was attacked and bitten by a dog and has a "hole in my head" as a result.

Mr. Harvey's developmental years were marked by family problems. There is some question that he may have been sexually abused at a very young age by his mother. The mother volunteered to Mr. Butler that reports by neighbors to this effect were wrong. She also asked Mr. Butler to give a picture of her to Mr. Harvey so he could have it with him in the jail. Treatment records indicate that the mother had worked as a prostitute and had

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had multiple affairs during her marriage to Mr. Harvey's father. The mother also reportedly has had a drug problem. The parents divorced after the mother's prostitution was discovered. Mr. Harvey lived for the most part with his father after that time, but still had contact with his mother. Mr. Harvey described himself as a "mama's boy."

Mr. Harvey recalled some experiences of sexual abuse as a child, the first around age five or six. He stated that, while he was living with his mother, two older girls had him take off his clothes and get on top of them. He could not recall if they fondled him and he could not recall if there was any coercion. On another occasion, he woke up to find a male friend of his mother's touching his genitals. He could not remember his age at that time.

Mr. Harvey has a history of mental health treatment as a child, including at least one hospitalization, due to significant behavioral problems. His problems included sexually inappropriate behavior beginning as early as age five. Some of his behaviors included exposing himself to a teacher, masturbating in class, masturbating in the doctor's waiting room, and touching the breasts of a bus monitor. Around age 12, he fondled a seven year old girl in the backseat of the car her mother was driving. While some of his behavior would have constituted sexual abuse, it appears to have been handled outside of the juvenile justice system. He also recalled spending a lot of time looking at his father's sexually explicit magazines.

Available records reflect treatment as early as 1991, with diagnoses of Attention Deficit Hyperactivity Disorder and Conduct Disorder. Mr. Harvey was also diagnosed at one point with Intermittent Explosive Disorder due to his temper. He was treated with several psychotropic medications. In a 2000 evaluation, administration of a measure relating to sexual behavior reflected the presence of obsessive sexual thoughts. There was some discussion in treatment records of Mr. Harvey being referred to a program for juvenile sexual abusers, but this was apparently never done. Mr. Harvey reported that he has not been in any treatment for about five or six years, nor has he taken any psychotropic medication for that period of time.

Mr. Harvey reported past episodes of cutting himself, hitting himself, and biting his tongue and lips as a way to release stress and anger. He indicated that physical pain somehow eased emotional distress and feelings of being alone and unloved.

Mr. Harvey acknowledged his past behavioral and sexual problems. He was open in acknowledging the range of deviant sexual impulses and experiences he has had. He reported that he has long been sexually preoccupied and typically has masturbated up to twenty times a day. He has masturbated using his stepsister's underwear. He indicated that he engaged in some voyeuristic or peeping behavior at home, involving his sister and stepsister, as well as with female strangers. When he was in school, he used to bump against girls in crowded situations in order to feel them. He denied any experiences with prostitutes or animals. He denied sexual arousal to violence. He reported a sexual preference for same aged females, but acknowledged some sexual arousal to female children and male children to a lesser degree. He denied any sexual arousal to men. He

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indicated that sometimes he has been able to refrain from sexually inappropriate behavior, but upon further discussion, it appeared that his sexual thoughts and impulses are often experienced as compulsive and difficult to resist. He indicated that if there is an opportunity to do something, he feels that he must, even when he does not want to.

Mr. Harvey reported that about five years ago he had his first and only sexual relationship with a girl his age, with whom he had a longstanding relationship (two years). He indicated that he preferred not to have a high frequency of sex with his girlfriend, but would rather masturbate, due to what he expressed as concerns about pregnancy and AIDS. He stated that he currently has a girlfriend, with whom he has been involved for about a year. They have not been sexually active together.

Treatment records indicated a history of some aggressive behavior. Mr. Harvey has one older brother who he recalled used to scare him by telling him their father was not coming home or that he was an alien. He recalled losing his temper with his brother when he was young and chasing him with a knife. He stated that it has been a long time since he did anything like that. He indicated that some past outbursts of temper had frightened him. He also acknowledged that, as a child, he was cruel to animals, but he stopped doing this around age 12 and developed affection for animals.

Mr. Harvey's past behavioral problems interfered with his ability to function in a school environment. He also felt that his sexual preoccupation interfered with his school performance. At some point he was placed in special education and eventually placed in an alternative school. There was reference to a past IQ score of 57, which would be considered in the mildly mentally retarded range, but one treatment report noted that his cognitive ability appeared more in the low average to average range. Mr. Harvey reported that he also used to have a speech problem. He left school in the eleventh grade when his father kicked him out due to continued behavior problems like stealing things from family and not telling his father where he was going. Mr. Harvey went to live with his mother at that point and did not re-enroll in school.

Mr. Harvey reported that, prior to his recent arrest, he used alcohol a couple of times a month, but on those occasions, drank to excess. He also indicated that when he was around 14 years old, he abused prescription medications like pain killers and muscle relaxants because that was what his friends were doing. He used marijuana beginning around age 17 or 18.

At the time of the alleged offenses, Mr. Harvey was living with his half-sister, having been kicked out of his mother's house by his stepfather. He indicated that he likes his stepfather. The victim of the alleged offenses was his half-sister's son.

Mr. Harvey reported that he has made an effort to change his behavior. It appears from his self-report at least that he has had the most success in controlling behaviors of a physically hurtful nature. He expressed the belief that "we have to respect the things that God put on earth." He reported that he has been trying to be "kind and respectful."

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Mental Status and Behavioral Observations

Mr. Harvey is a 19 year old Caucasian male, dressed in standard inmate attire with fair grooming and adequate hygiene. While physically he appears his age, his demeanor and interaction style are those of a younger individual. He was alert and adequately oriented. He made good eye contact. He was responsive to questions and had no difficulty understanding them. He was able to provide remote and recent history.

Mr. Harvey did not appear to be significantly depressed at this time, although he reported his present circumstances as depressing. He reported sometimes thinking about suicide in the past, but denied any current suicidal ideation. Mr. Harvey denied any disturbance in appetite.

Mr. Harvey reported a long standing problem with insomnia, often sleeping only three hours a night. He reported that he often feels tired. He denied frequent nightmares. He also reported still struggling with some ADHD symptoms, such as difficulty sitting still. He did not fidget or appear overly active during the interview nor did he exhibit a high level of distractibility.

There were no signs of a psychotic disorder. Thought processes were logical and coherent. Mr. Harvey did report hearing the voice of what he thought was the devil in the past when he and a friend were "Gothic" and involved with "devil worship." This was between the ninth and eleventh grades. He recalled hearing a voice telling him to cut himself. However, he indicated that these were not audible voices, but more in his head. He recalled during this time period not caring about himself or anyone else. He indicated that this period ended with the support of his girlfriend after the friend was killed in an automobile accident.

While he denied gaps in his memory that might suggest ongoing dissociative symptoms (often seen in victims of abuse), Mr. Harvey did report that he does not remember a lot of his childhood.

Mr. Harvey reported that sexual thoughts of some kind are on his mind most of the time. He wishes he was not preoccupied with sex, but finds it hard to avoid these thoughts. When he has tried to avoid sexual thoughts, he feels that they get more intense.

Cognitive functioning appeared grossly intact. Mr. Harvey was able to identify the current President and Vice President. Abstract thinking abilities were not seriously deficient in that he could identify similarities between pairs of related items. He could recall three words after a five minute delay. He did have significant difficulty with tasks involving attention and concentration. He could not do simple arithmetic problems in his head. He could not consistently recall more than three numbers in forward and reverse sequence, a significantly below average performance.

Psychological Testing

The Peabody Picture Vocabulary Test - Third Edition (PPVT-III) was administered as a rough estimate of verbal ability. Often, PPVT scores are in the same range as the verbal IQ scores, although the PPVT measures only receptive vocabulary. Mr. Harvey obtained a Standard Score of 88, which falls in the low Average range for the PPVT. This result would support clinical impressions, both currently and in the past, that Mr. Harvey does not suffer from mental retardation. However, since this test is limited to verbal abilities, it may be that Mr. Harvey has more significant limitations in visual-spatial abilities.

Conclusions and Recommendations

This evaluation focused primarily on Mr. Harvey's sexual adjustment. A more complete assessment and report can be accomplished on request. For example, additional assessment measures would be needed to determine Mr. Harvey's current level of intellectual functioning and extent to which ADHD symptoms persist. They continue to be present to some degree. Further testing and collateral interviews are needed to determine the range and severity of ongoing mental health/behavioral problems beyond the sexual domain.

In conclusion, Michael Harvey has a history of significant behavioral problems, but it is his sexual problems which have persisted to a severe degree and led to involvement with the criminal justice system. His sexual problems consist of sexual preoccupation, hypersexuality, and deviant sexual arousal patterns. He has a history of a variety of sexually inappropriate and abusive behaviors toward a range of victims. He experiences considerable difficulty controlling sexual impulses.

This sexual psychopathology likely has its roots in early sexual abuse, in view of its severity and early onset. Sexual abuse also was a likely contributor to other past behavior problems. However, Attention Deficit Hyperactivity Disorder also contributed to Mr. Harvey's history of behavioral problems, including problematic sexual behavior. Recent research suggests a connection between neurodevelopmental disorders such as ADHD and sexually aggressive behavior in children and adolescents. Children and youth with ADHD have deficits in imposing limits, structure, and direction on their own behavior. They tend to act and react impulsively, without thinking about the consequences. Impulsivity, the lack of planning, and outbursts of emotion reflect an inability to restrain the flow of action and feeling.

These deficits, coupled with exposure to sexual stimulation, can evoke an imitative response that results in sexual misconduct in young children. Youngsters with ADHD are well-known for impulsively imitating dangerous and highly stimulating behavior that they have observed elsewhere. Many children with ADHD also have major deficits in social skills and their ability to process social information. For a youth with sexual behavior problems, this can interfere with the development of appropriate social and sexual partners in adulthood.

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Treatment requires cognitive-behavioral strategies that teach the individual to control impulses by interjecting "stop and think" mental processes. Cognitive-behavioral treatment is an integral component of treatment for sexual offenders. Medication can also be critical and is particularly likely to be necessary in Mr. Harvey's case, because of the degree of sexual preoccupation and hypersexuality, as well as the likely ongoing contribution of ADHD, which results in impulsivity and a high need for stimulation.

Mr. Harvey has never received any formal sex offender treatment. He has never been evaluated for medications that might help to control sexual impulses. He indicated that he would be interested in treatment, because he is plagued by the extent of sexual preoccupation he experiences and wants to limit sexual thoughts to girls his age. He recognizes that his sexual functioning is abnormal and desires relief. The fact that he reports primary arousal to same aged females is positive, as opposed to the treatment challenges that would be expected were he solely interested in children.

Mr. Harvey requires a residential or inpatient sex offender treatment program, which can provide an intensive level of treatment and ensure that he is not at risk to engage in additional sexually abusive behavior during the treatment period. Such programs typically provide ongoing risk assessment to determine when it is appropriate to move to a less intensive and less restrictive phase.

If any such programs are available in the federal prison system, Mr. Harvey would be an appropriate candidate, particularly to minimize reoffense risk. At whatever point he is released from prison, it is imperative that he enroll in an outpatient sexual offender program that can continue to provide cognitive behavioral intervention and medication. The level of structure and intensity required at such a time is best determined by sex offender experts within the prison system, who can assess his progress in any prison treatment program.

Respectfully submitted,



Catherine L. Boyer, Ph.D.